

Washington State Department of Agriculture Pesticide Management Division PO Box 42591 Olympia WA 98504-2591 Telephone (360) 902-2080 FAX (360) 902-2093

FOR CASHIER USE ONLY

## **FORM 4330**

## ANNUAL COMMERCIAL FERTILIZER TONNAGE REPORT

(Please see instruction sheet for completing form)

	(1 lease see instruction sheet i	01 0	ompicting		
A REPORTING PERIOD: July 1 - June 30, 200 (→ Enter year) I certify this company distributes less than 100 tons of commercial feed during each six month period and accept the responsibility to notify the Department if the reporting status changes for this company at any time in the future.					
TITLE: SIGNATURE:					
<u>B</u>	LOCATION / COMPANY NUMBER	$\frac{\mathtt{C}}{}$ Check here if this is the first time repor			
		D	REPORTED BY	(NAME AND TITLE)	
		<u>E</u>	TELEPHONE N	IUMBER (INCLUDE AREA CO	DE)
		E	SIGNATUR	E REQUIRED	
<u>G</u>					
<u> </u>	DESIGNATION OF TONS DISTRIBUTED IN WASHINGTON STATE				
	<u> </u>			Commercial	= Commercial
				Fertilizer	Lime
1.	Total Tons of Fertilizer You Distributed in Washington State				
			=		
	<ol> <li>Tons of Fertilizer or Lime you distributed in which someone else has paid the fee (if you enter tonnage on this line, you must</li> </ol>				
	complete form 4330A)		=		
	Tons of Fertilizer or Lime you distributed which someone else is responsible to pay the fee (if you enter tonnage on this line,				
	you must complete form 4330B)			=	
2	Add lines 1a and 1b and enter on line 2		_		
۷.	Add lines to and 15 and effect of line 2				
3.	3. Total Tons You Are Paying For (subtract line 2 from line 1. If you				
	enter tonnage on this line, you must complete form 4330C a	nd 4	4330D) =		
4.	Inspection Fees: Multiply line 3 by \$0.30/fertilizer and \$0.15	/lim	e =	\$	\$
٦.	mopeodorn cos. Multiply line o by \$0.00/icitalizer and \$0.10	, , , , , ,	·		
5.	-				\$
	(If line 4 is zero, enter zero on line 5)				=
					\$
6.	Late Filing Fee: \$25.00 If report is not filed by due date				•
_					7105
/.	Late Collection Fee: 10% of line 5 or \$25.00, whichever is g	0% of line 5 or \$25.00, whichever is greater, if fees are not			\$
	outstitted by add date.				7105
8.	Total Inspection Fees Due (add lines 5, 6, and 7)				= \$
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